

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/645415
APPLICANT(S)

FILING DATE

8/24/00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.			IND.		DEP.			IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.		
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50		2																			
TOTAL IND.	19																				
TOTAL DEP.	158																				
TOTAL CLAIMS	174																				
51		2																			
52		2																			
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98		1																			
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TOTAL IND.																					
TOTAL DEP.																					
TOTAL CLAIMS																					

$$\begin{array}{r} 9 \\ 3 \\ \hline 27 \\ 52 \\ \hline 11 \\ 27 \\ \hline 141 \\ 141 \\ \hline 155 \\ 14 \end{array}$$